## BO Account Closing Form Bye Law 7.7.1 Please fill in all the details in CAPITAL letters

Application No.				Date							
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(Depository Participant Name)		 		1	DP	D			7		

I/We, the Sole Holder / Joint Holders / Guardian (in case of minors) / Clearing Member request you to close my / our Depository Account with you. The details of my / our account are as indicated below:

Account Holder's Details
Account ID
Name of Account Holder
Name of Second Account Holder
Name of Third Account Holder
Closure Details
Reason for Suspension:
Government Order Non Payment of dues Others
Details of Remaining Security Balances in the Account (if any)
Whether to be partly rematerialized and partly transferred: YES NO
To be rematerialized: YES NO To be Transferred to another Account: YES NO
Whether any of the following is Applicable (To be filled by DP):     Ear-marked     Pledged     Frozen
Name of Account Holder/s Signature/s